Sally Rudoy, LCSW, PLLC
853 Broadway, Suite 1401
New York, NY 10003
646-863-5510

INFORMED CONSENT TO TREATMENT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES, OFFICE POLICIES

I have received, read, and understood the above mentioned documents. I voluntarily consent to psychotherapy treatment with Sally Rudoy, LCSW. I understand that I can revoke this consent at any time.

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Signature of Patient/Patient Representative

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Relationship to the Patient

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Date